

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: <u>09/668,482</u>		2 Serial/Patent # <u>09/668,482</u>				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		
<input type="checkbox"/>	Filing			\$		
<input type="checkbox"/>	Amendment			\$		
<input type="checkbox"/>	Extension of Time			\$		
<input type="checkbox"/>	Notice of Appeal/Appeal			\$		
<input checked="" type="checkbox"/>	Petition <u>1460</u>		<u>10/1/04</u>	\$130.		
<input type="checkbox"/>	Issue			\$		
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$		
<input type="checkbox"/>	Maintenance			\$		
<input type="checkbox"/>	Assignment			\$		
<input type="checkbox"/>	Other			\$		
<i>Credit Card</i>		7 TOTAL AMOUNT OF REFUND	\$130.			
8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check				
<input type="checkbox"/>	Overpayment		Credit Deposit A/C #:			
<input checked="" type="checkbox"/>	Duplicate Payment		9	<u> -- </u>		
<input type="checkbox"/>	No Fee Due (Explanation):					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: <u>Travis Dingle</u>			TITLE: <u>Patent Agent</u>			
SIGNATURE: <u>Travis Dingle</u>			PHONE: <u>(571) 272-3210</u>			
OFFICE: <u>PTO</u>						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****						
APPROVED: <u>Alice M. Hause</u>			DATE: <u>10/10/04</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**